

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 15 1937

36254

1. PLACE OF DEATH

County ISOLATION HOSPITAL

Registration District No.

791

Township

Primary Registration District No.

1003

City St. Louis, Mo.

(No.

St.

Ward)

2. FULL NAME Helen Bell

(a) Residence, No. 2615 Pestalozzi St.

(Usual place of abode)

24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Floyd Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 14, 1907.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

30

5

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Herculaneum, Missouri.

FATHER

13. NAME

Thomas Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Addie Eaves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

B. Buttenuth.

ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

PLACEMENT New St. Marcus Oct 25 1937

19. UNDERTAKER (ADDRESS)

Ziegenhain Bros 2621-23, Berkeley St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/6/37

19

to

10/21, 1937

I last saw him alive on

10/21, 1937

Death is said

to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

Parasitosis
Tuberculosis 23

Other contributory causes of importance:

Mediastinal Shift

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Geo. S. Boylston, M. D.

(Address)

Isolation Hospital

OCT 23 1937

